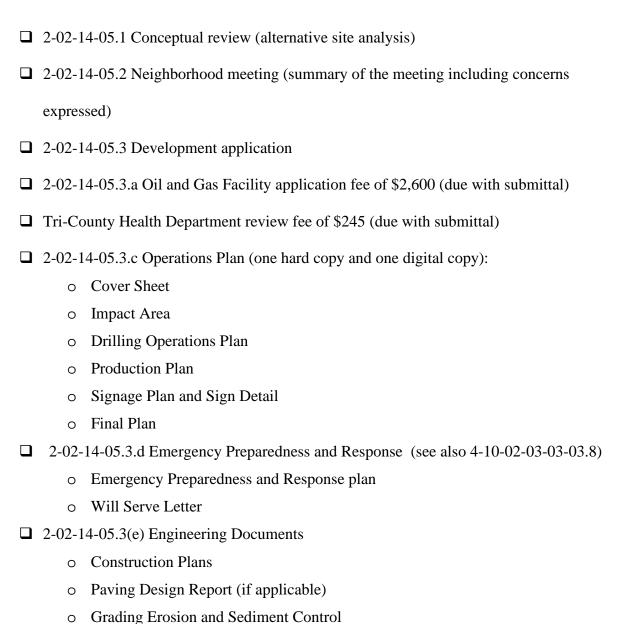
Community & Economic Development Department www.adcogov.org



4430 South Adams County Parkway 1st Floor, Suite W2000 Brighton, CO 80601-8204 PHONE 720.523.6800 FAX 720.523.6998

Oil and Gas Facility (OGF) Application Checklist

An Oil and Gas Facility (OGF) Permit must be obtained for each new oil and gas facility, as defined in Section 4-10-02-03-03-02 of the Adams County Development Standards and Regulations.



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- o Drainage study/technical drainage letter/plan (if applicable see DSR chapter 9)
- o Floodplain Use Permit (if applicable see DSR chapter 9)
- o Resource Review (if applicable see 4-10-04)
- □ 2-02-14-05.3(f) Water Supply must provide proof of adequate and lawfully available water supply.
- □ 2-02-14-05.3(g) Surface Owner Documentation
- □ 2-02-14-05.3(h) Other Documentation as determined by the Director of Community and Economic Development Department
- ☐ Signed Oil and Gas Worker Safety Compliance Statement (page 4)

Application Fees	Amount	Due
Oil and Gas Facility Permit	\$2,600	With application submittal
Tri-County Health	\$245	With application submittal
*made payable to Tri County		
Health		

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DEVELOPMENT APPLICATION FORM

Application Type:					
Subo	ceptual Review division, Preliminary division, Final Correction/ Vacation	Preliminary PUD Final PUD Rezone Special Use	Temporary I Variance Conditional Other:	Use	
PROJECT NAME	:				
APPLICANT					
Name(s):			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		
OWNER					
Name(s):			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		
TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)					
Name:			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		

DESCRIPTION OF SITE

Address:		
City, State, Zip:		
City, State, Zip.		
Area (acres or square feet):		
Tax Assessor		
Parcel Number		
Existing		
Zoning:		
Existing Land		
Use:		
Proposed Land Use:		
Have you attende	ed a Conceptual Review? YES	NO
If Yes, please list	PRE#:	
under the author pertinent requiren Fee is non-refund	rity of the owner (attached authornents, procedures, and fees of the C	owner of the above described property or actionization, if not owner). I am familiar with County. I understand that the Application Reviews form and additional application materials a
Name:		Date:
	Owner's Printed Name	
Name:		
	Owner's Signature	
have complied win Adams County	vith applicable worker safety traini y Development Standards and Reg	nd its associated subcontractors and affiliate ning and certification requirements as outlin regulations Sec. 4-10-02-03-03-03. Records and will be provided to the County upon request.
Name:		Date:
	Owner's Printed Name	
Name:		

Owner's Signature